

STAFF ATTENDANCE

WEEK ENDING: _____

NAME OF CHILD CARE PROGRAM _____

STAFF NAME & JOB TITLE	SCHEDULED HOURS & ROOM ASSIGNMENT	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
		ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART	ARRIVE	DEPART
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											
20.											

STAFF ATTENDANCE RECORDS MUST ACCURATELY REFLECT THE NUMBER & IDENTITY OF STAFF PRESENT AT ALL TIMES DURING OPERATING HOURS